

## **Kentucky Early Childhood Mental Health and Moving Beyond Depression Objectives**

### ***I. KENTUCKY EARLY CHILDHOOD MENTAL HEALTH INITIATIVE (ECMH) (ALL REGIONS)***

The ECMH **Program Description, Services, and Deliverables** are included in the children's section of the FY17 Community Mental Health Center (CMHC) contract.

#### **Program Objectives**

##### **ECMH1. Measure Name: ECMH Specialist Employed**

The DBHDID will monitor ECMHS vacancies each month of the monitoring period. The DBHDID shall be notified by the CMHC within one (1) week of ECMHS resignation notification. The CMHC shall notify DBHDID immediately upon filling the ECMH position. Per the ECMH Handbook, up to two (2) months vacancy shall be covered, provided that the CMHC immediately informs DBHDID of the vacancy and proceeds immediately to fill it. If the ECMH Specialist position remains vacant for more than two (2) months, no ECMH payment will be made until the position is filled.

##### **Goal: Maintain Employed ECMH Specialist**

**Risk:** Per practice since the beginning of the ECMH Program, after two (2) months of vacancy, the ECMH payment shall be suspended until ECMHS position is refilled.

##### **ECMH2. Measure Name: Completeness and Timeliness of Early Childhood Mental Health (ECMH) Indirect Services Entered into ECMH Data Base**

The BHDID will receive monthly reports from the Early Childhood Mental Health (ECMH) Program within the Department for Public Health (DPH) who will monitor the entry of monthly indirect service data into the ECMH Data Base. The completeness and timeliness standards of performance are that 90% of each month's data based on the service date are entered by the 5<sup>th</sup> of the following month.

##### **Goal: Ensure Monthly Completion and Timeliness of ECMH Data Base Entries**

**Risk:** If more than 10% of a month's data is entered after the 5<sup>th</sup> of the following month, the next month's ECMH payment will be reduced by 25%. The ECMH payment will resume to 100% in the month following the reduced month's payment as long as 90% completion is met.

### ***II. MOVING BEYOND DEPRESSION (REGIONS 10, 11, 12, 13, 14, 15)***

#### **Purpose and Background**

Moving Beyond Depression (MBD) is a Maternal Depression Treatment Program (MDTP) that provides a comprehensive approach to identifying and treating depression in mothers participating in home visitation. The MBD is a HANDS Initiative that was developed to address the mental health needs of HANDS mothers through (1) establishment of a screening process to identify mothers in need of treatment, (2) provide an evidence-based treatment for depression that has been adapted for home visitation in order to optimize outcomes.

MBD is a collaborative effort between the Department for Public Health (DPH) and DBHDID that provides in-home cognitive behavioral therapy to women who are enrolled in the HANDS program and meet criteria for having Major Depressive Disorder.

DPH contracts federal Maternal, Infant, Early Childhood, Home Visiting (MIECHV) grant funds to DBHDID who in turn contracts with the designated CMHCs to implement MBD in selected counties within their respective regions.

#### **Services Required**

The CMHCs shall utilize the MBD funds for the following:

- Provide personnel to carry out the functions of the In-Home Cognitive Behavioral Therapist/s (FTE determined by DPH and agreed upon by CMHC). The therapists shall be individuals with Masters-level training in social work, marriage and family therapy, psychology, or counseling and with prior training in Cognitive Behavioral Therapy.
- Provide one (1) 0.2 FTE doctoral-level supervisor (Ph.D., MD, or equivalent) to serve as a coach to the In-Home Cognitive Behavioral Therapist(s) and assist with fidelity monitoring. The supervisor must have previous training and experience in the delivery of Cognitive Behavioral Therapy.
- Cover travel expenses for therapists and supervisor to attend MBD Program training in Cincinnati.
- Ensure therapists attend a three-day CBT refresher training at the Beck Institute in Philadelphia or equivalent CBT immersion experience prior to participating in MBD Program training in Cincinnati.
- Ensure that the therapists provide data on program implementation and outcomes to facilitate comparison with other Maternal Depression Treatment Programs.
- Reimburse IH-CBT Therapist travel expenses to enrolled counties in order to provide in-home services to families as well as meet face-to-face with local HANDS staff, and to attend MBD program staff meetings.
- Utilize program funds to cover service costs for clients who are un-insured, under-insured, or whose insurance provider does not contract with the CMHC. These costs shall be tracked and reported to the DPH MBD Program Administrator biannually.
- Support IH-CBT therapist(s) in attending implementation and consultation meetings with each local health department and/or the district's HANDS program staff.

## **Program Requirements**

### *1. The IH-CBT Therapists shall:*

- Participate in all relevant trainings in advanced CBT and IH-CBT.
- Conduct a pre-treatment clinical assessment to all mothers referred to IH-CBT.
- Visit each client on the caseload for IH-CBT treatment sessions at least weekly. Work with clients to insure effective participation and adherence to program standards.
- Work closely with home visitors and their supervisors to ensure ongoing collaboration and smooth transitions.
- Collaborate with home visiting agencies, to ensure that each client is receiving needed services and assistance on a timely basis. Maintain regular ongoing contact and communication with the home visitor for each mother participating in treatment.
- Participate in regular supervision by on-site doctoral level supervisor to ensure highest quality of treatment and adherence to the IH-CBT model.
- Maintain case notes and other treatment-related documentation for each client in compliance with IH-CBT goals and objectives as well as best clinical practice guidelines.
- Collect and enter IH-CBT implementation and outcome data for evaluation purposes.
- Participate in monthly phone consultation and support with Every Child Succeeds staff regarding implementation of IH-CBT.

- Participate in ongoing relevant trainings, conduct research and peruse reading materials to develop clinical skills and remain current on best practice techniques.
- Complete required audio recordings as part of the pilot phase of implementation and as requested by supervisor.
- Other duties as assigned.

2. *The IH-CBT Supervisor shall:*

- Participate in all relevant trainings in advanced CBT and IH-CBT.
- Review and approve the pre-treatment clinical assessment to all mothers referred to IH-CBT by each agency IH-CBT Therapist.
- Provide support to IH-CBT Therapist given difficult settings & complex clinic cases.
- Ensure fidelity to IH-CBT model through review of all cases even if some are brief, reports summarizing caseload and treatment delivery, BDI-II's for each case, and Fidelity Checklist of each case.
- Assist IH-CBT Therapist in determining of eligibility.
- Help therapists maintain focus on IH-CBT and not drift towards diffuse, different, or "eclectic" therapy strategies.
- Discuss difficult cases and how to address them.
- Assist in case conceptualization and implementation of high quality CBT.
- Provide updates from the field that are relevant to CBT and IH-CBT in the interest of improving skills and mastery of the therapeutic approach.
- Provide an interface between therapists and home visitors/home visiting agency leadership.
- Review the progress of the IH-CBT Therapists with collaborating with home visiting agencies, to ensure that each client is receiving needed services and assistance on a timely basis. Maintain regular ongoing contact and communication with the home visitor for each mother participating in treatment.
- Participate in monthly phone consultation and support with Every Child Succeeds staff regarding implementation of IH-CBT.
- Participate in ongoing relevant trainings, conduct research and peruse reading materials to develop clinical skills and remain current on best practice techniques.
- Review audiotapes of sessions by IH-CBT Therapist during the pilot phase of treatment and as needed throughout each case.
- Other duties as assigned.

## **Program Objectives**

### **MBD1. Measure Name: Moving Beyond Depression Therapist(s) Employed**

The DBHDID will monitor Moving Beyond Depression Therapist(s) (MBDT) vacancies each month of the monitoring period. The DBHDID shall be notified within one (1) week of a Moving Beyond Depression Therapist's resignation notification. The CMHC shall notify DBHDID immediately upon filling the MBDT position. If the MBDT

position remains vacant for more than two (2) months, 0% of payments will be suspended until the position is refilled.

**Goal: Maintain Employed Moving Beyond Depression Therapist(s)**

**Risk:** After two (2) months of vacancy, 0% of the Moving Beyond Depression the monthly payments will be suspended until MBDT position is refilled.

**MBD2. Measure Name: Completeness and Timeliness of Moving Beyond Depression Data Submission to the MBD Program Administrator**

The BHDID shall receive monthly reports from the Moving Beyond Depression (MBD) Program Administrator within the Department for Public Health (DPH) who shall monitor the receipt of the MBD Eligibility Assessment Score Forms on each client served in MBD that month. The Forms shall be submitted via fax to 502-564-0000. The completeness and timeliness standards are that 90% of each month's data based on service date are entered by the 5<sup>th</sup> of the following month.

**Goal: Ensure Monthly Completion and Timeliness of ECMH Data Base Entries for Moving Beyond Depression**

**Risk: Risk:** If more than 10% of a month's data is entered after the 5<sup>th</sup> of the following month, the next month's MBD payment will be reduced by 25%. The MBD payment will resume to 100% in the month following the reduced month's payment as long as 90% completion is met.